## best Available Copy

## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER . . ; . . . . AS FILED 1 1 7 1st AMENDMENT 2nd AMENDMENT . . ! IND. IND. DEP. IND. DEP, IND. DEP. DEP. IND. DEP. IND. DEP 51 1. 2 52 7 200 3 1 5 0 4 i | 1 5 1 3 53 4 54 1 . . . 5 55 T 6 56 7 . 57 8 58 9: 59 10 60 11 61 12 62 13 111 14 64 15` 1: 65 16 66 17 67 18 68 5 13 19 ' 69 70 20 71 21 -72 22 . 73 ι. 23 · > > } 2 3 1 7771 111 7:27 . !! 74 < : : 4 3 24 : 7 : - 7 4 75 25: . . . 76 26 ١ ·- · · 77 27 > 78 28 , 15% 3.5.5 16:51 1 -79 29 3 .. 5 4 80 30 3 1 3 81: 31 -82-32 -: 1 4 } 33 34 35 36 37 <sup>2</sup> 1 87 38 1. 88 89 39 40 90 91 41 · 92 42 ١ 93 43 94 44 45 95 96 46 97 47 98 48 99 49 100 50 TOTAL IND. TOTAL IND. Ļ 5 \_1 TOTAL DEP. 42 TOTAL DEP. TOTAL 47

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-1360** (REV. 3-78)

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